

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049453

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11942

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11942

STATE FILE NUMBER

FILED JAN 9 1964

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St. Louis

Length of stay in 1b

DOA

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

DePaul Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE Mo.

b. COUNTY St. Louis

admission)

c. CITY

OR
TOWN

Bardell Hills

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

5316 Olene Dr.

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

VERNON

Middle

WALTER

Last

GOLDSTEIN

4. DATE

OF
DEATH

Month

Day

Year

Dec. 1, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐Widowed ☐Never Married ☐Divorced ☐

8. DATE OF BIRTH

8/22/1911

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Production Scheduling

10b. KIND OF BUSINESS OR INDUSTRY

Hussman Rfg. Co.

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Walter Goldstein

13b. MOTHER'S MAIDEN NAME

Loretta Schmidt

14. NAME OF HUSBAND OR WIFE

Mary Margaret O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

5317 Olene

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.Barbiturate Poisoning; suffered when
deceased took over dose of prescribed barbiturate
over about December 1, 1963.INTERVAL BETWEEN
ONSET AND DEATHPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Suicide 9702

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF
INJURY

Hour

Month, Day, Year

s.m.
p.m.

12-1-63

20d. INJURY OCCURRED
WHILE AT WORK ☐NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

St Louis, Mo

COUNTY

STATE

21. attended the deceased from

Death occurred at

630 p.

to and last saw her him alive on

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

12-3-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

12/4/63

23c. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Cullen & Kelly 2267 Natural Bridge

25. DATE RECD. BY LOCAL REG.

DEC 3 1963

26. REGISTRAR'S SIGNATURE

Road Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/59

1

240077

3

4

5

6

7

8

9

10

11

12

13

91

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James A. Lammers

Licensed Embalmer No. 4142

P. O. Address

St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.